

**STATE OF SOUTH CAROLINA
VOTER'S CHANGE OF ADDRESS FORM**

This form can not be used if your county of residence has changed. You must register in your new county.

REGISTRATION NUMBER			BIRTHDATE	Month	Day	Year
NAME (as registered)	Last	First	MI	Suffix		
NAME CHANGE	Last	First	MI	Suffix		
OLD ADDRESS	Street					
	City			State	Zip Code	
NEW ADDRESS	Street (including apartment number)				Inside City Limits <input type="checkbox"/> Yes <input type="checkbox"/> No	
	City			State	Zip Code	
NEW MAIL ADDRESS (if different from above)	Street or Post Office Box					
	City			State	Zip Code	
PHONE	Home	Work	SOCIAL SECURITY NUMBER		- -	

I hereby authorize the county board of voter registration to make the above change (s) and/or transfer my registration to my new precinct.

Signature of Voter